

<i>SERFF Tracking Number:</i>	<i>AFDL-126418411</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>American Public Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>44324</i>
<i>Company Tracking Number:</i>	<i>GHR126 CONTINUATION</i>		
<i>TOI:</i>	<i>H14G Group Health - Hospital Indemnity</i>	<i>Sub-TOI:</i>	<i>H14G.000 Health - Hospital Indemnity</i>
<i>Product Name:</i>	<i>GHR126 AR Continuation</i>		
<i>Project Name/Number:</i>	<i>GHR126 AR Continuation/GHR126 AR Continuation</i>		

Filing at a Glance

Company: American Public Life Insurance Company

Product Name: GHR126 AR Continuation	SERFF Tr Num: AFDL-126418411	State: Arkansas
TOI: H14G Group Health - Hospital Indemnity	SERFF Status: Closed-Approved-Closed	State Tr Num: 44324

Sub-TOI: H14G.000 Health - Hospital Indemnity	Co Tr Num: GHR126 CONTINUATION	State Status: Approved-Closed
---	--------------------------------	-------------------------------

Filing Type: Form

Reviewers: Shari Vick, Melissa Mahanes, Ashlie Snyder, Tonya Bittle	Reviewer(s): Rosalind Minor
Date Submitted: 12/14/2009	Disposition Date: 12/15/2009
	Disposition Status: Approved-Closed

Implementation Date Requested: On Approval
State Filing Description:

Implementation Date:

General Information

Project Name: GHR126 AR Continuation
Project Number: GHR126 AR Continuation
Requested Filing Mode: Review & Approval
Explanation for Combination/Other:
Submission Type: New Submission
Overall Rate Impact:
Filing Status Changed: 12/15/2009

Status of Filing in Domicile: Not Filed
Date Approved in Domicile:
Domicile Status Comments:
Market Type: Group
Group Market Size: Small and Large
Group Market Type: Employer, Association
Explanation for Other Group Market Type:
State Status Changed: 12/15/2009
Created By: Melissa Mahanes
Corresponding Filing Tracking Number:
GHR126 AR Continuation

Deemer Date:
Submitted By: Melissa Mahanes

Filing Description:

In order to comply with the requirements of Arkansas Statutes 23-86-114 regarding Continuation of Coverage, we are filing the enclosed GHR126 Amendment Rider. This rider is for use with our Group Hospital Indemnity product previously approved by your department on September 9, 2004. The form numbers are as follows:

Master Policy: GM HI-4005 (7/04)
Certificate: GC HI-4005 (7/04)

<i>SERFF Tracking Number:</i>	<i>AFDL-126418411</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>American Public Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>44324</i>
<i>Company Tracking Number:</i>	<i>GHR126 CONTINUATION</i>		
<i>TOI:</i>	<i>H14G Group Health - Hospital Indemnity</i>	<i>Sub-TOI:</i>	<i>H14G.000 Health - Hospital Indemnity</i>
<i>Product Name:</i>	<i>GHR126 AR Continuation</i>		
<i>Project Name/Number:</i>	<i>GHR126 AR Continuation/GHR126 AR Continuation</i>		

This is a new form and does not replace any previously approved form. The information included on this form is state mandated language; therefore, we are not including a Flesch score.

This form may eventually be issued from an automated system. The final printed version of the form may vary. When printing the application in it's entirety, we will make every attempt to produce the automated version to duplicate this final printed format; however, fonts and word wrap can vary when going from one system or printer to another. We will not alter the wording and will try to duplicate all pages, including keeping the verbiage on each page as submitted for approval. The pages may print on different colors of paper depending upon the market.

I hereby certify that to the best of my knowledge the forms submitted herewith are in compliance in all respects with the provisions of the insurance laws, rules and regulations of your state and such forms contain no provisions previously disapproved by the Department.

Thank you for your assistance with this matter. If you have any questions, please feel free to contact me at the telephone or fax numbers, or e-mail address listed under the Contact Information tab.

Company and Contact

Filing Contact Information

Melissa Mahanes, Compliance Analyst II	melissa.mahanes@af-group.com
2000 Classen Blvd	800-654-8489 [Phone] 2035 [Ext]
Oklahoma City, OK 73106	405-523-5793 [FAX]

Filing Company Information

American Public Life Insurance Company	CoCode: 60801	State of Domicile: Oklahoma
2305 Lakeland Drive	Group Code: 330	Company Type: LAH
Flowood, MS 39232	Group Name:	State ID Number:
(601) 936-2157 ext. [Phone]	FEIN Number: 64-0349942	

Filing Fees

Fee Required?	Yes
Fee Amount:	\$25.00
Retaliatory?	Yes
Fee Explanation:	
Per Company:	No

SERFF Tracking Number: *AFDL-126418411* *State:* *Arkansas*
Filing Company: *American Public Life Insurance Company* *State Tracking Number:* *44324*
Company Tracking Number: *GHR126 CONTINUATION*
TOI: *H14G Group Health - Hospital Indemnity* *Sub-TOI:* *H14G.000 Health - Hospital Indemnity*
Product Name: *GHR126 AR Continuation*
Project Name/Number: *GHR126 AR Continuation/GHR126 AR Continuation*

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
American Public Life Insurance Company	\$25.00	12/14/2009	32759150

SERFF Tracking Number:	AFDL-126418411	State:	Arkansas
Filing Company:	American Public Life Insurance Company	State Tracking Number:	44324
Company Tracking Number:	GHR126 CONTINUATION		
TOI:	H14G Group Health - Hospital Indemnity	Sub-TOI:	H14G.000 Health - Hospital Indemnity
Product Name:	GHR126 AR Continuation		
Project Name/Number:	GHR126 AR Continuation/GHR126 AR Continuation		

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	12/15/2009	12/15/2009

<i>SERFF Tracking Number:</i>	<i>AFDL-126418411</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>American Public Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>44324</i>
<i>Company Tracking Number:</i>	<i>GHR126 CONTINUATION</i>		
<i>TOI:</i>	<i>H14G Group Health - Hospital Indemnity</i>	<i>Sub-TOI:</i>	<i>H14G.000 Health - Hospital Indemnity</i>
<i>Product Name:</i>	<i>GHR126 AR Continuation</i>		
<i>Project Name/Number:</i>	<i>GHR126 AR Continuation/GHR126 AR Continuation</i>		

Disposition

Disposition Date: 12/15/2009

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

<i>SERFF Tracking Number:</i>	<i>AFDL-126418411</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>American Public Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>44324</i>
<i>Company Tracking Number:</i>	<i>GHR126 CONTINUATION</i>		
<i>TOI:</i>	<i>H14G Group Health - Hospital Indemnity</i>	<i>Sub-TOI:</i>	<i>H14G.000 Health - Hospital Indemnity</i>
<i>Product Name:</i>	<i>GHR126 AR Continuation</i>		
<i>Project Name/Number:</i>	<i>GHR126 AR Continuation/GHR126 AR Continuation</i>		

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification	Approved-Closed	Yes
Supporting Document	Application	Approved-Closed	Yes
Supporting Document	APL09 Authorization Letter	Approved-Closed	Yes
Form	Amendment Rider	Approved-Closed	Yes

SERFF Tracking Number: AFDL-126418411 State: Arkansas

Filing Company: American Public Life Insurance Company State Tracking Number: 44324

Company Tracking Number: GHR126 CONTINUATION

TOI: H14G Group Health - Hospital Indemnity Sub-TOI: H14G.000 Health - Hospital Indemnity

Product Name: GHR126 AR Continuation

Project Name/Number: GHR126 AR Continuation/GHR126 AR Continuation

Form Schedule

Lead Form Number: GHR126 Continuation

Schedule Item	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Approved-Closed 12/15/2009	GHR126	Certificate Amendmen t, Insert Page, Endorseme nt or Rider	Amendment Rider	Initial		0.000	GHR126AR Continuation. pdf



American Public Life Insurance Company

A member of the American Fidelity Group

2305 Lakeland Drive, Flowood, Mississippi 39232
(601) 936-6600 • (800) 256-8606

Amendment Rider

This rider is a part of the policy/certificate to which it is attached. It is subject to all the provisions of the policy/certificate that are not in conflict with the provisions of this rider. This rider will terminate on the same date as the policy/certificate to which it is attached.

The **TERMINATION OF COVERAGE** section in the policy/certificate to which this rider is attached, is hereby amended to include the following provisions:

Continuation of Coverage Privilege: An Insured whose coverage under the Policy ends due to termination of employment or membership or change in marital status, will have the right to continuation of coverage for You and Your Dependent(s). The continuation of coverage period will extend to 120 days providing You have been continuously insured under the group Policy for three months prior to termination of coverage.

The continuation coverage will end:

- (a) at the end of the last period for which premium has been paid;
- (b) the premium due date following the date You become eligible for Medicare; and
- (c) the date of which the group Policy is terminated.

Written application for the continued coverage and the required premium must be submitted to Us by the Covered Person within 10 days following termination of coverage.

This provision will not apply if:

- (a) any required premium or contribution was not paid;
- (b) such person is eligible for Medicare; and
- (c) such person is eligible for full coverage under any other group disability policy which covers Pre-Existing conditions.

Upon termination of such continued coverage, You may elect the conversion coverage. However, any Covered Person utilizing the conversion coverage will waive the right to the continuation privilege or may skip the continuation privilege in order to receive the conversion coverage.

Conversion Privilege: Any Covered Person whose insurance under the group Policy ends for any reason except:

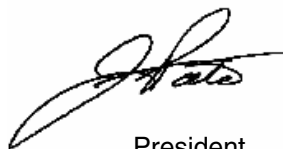
- (a) failure to pay any required premium, such person will have the right to coverage under a conversion policy.
- (b) Replacement of the terminating policy by similar group coverage within 31 days, such person will have the right to coverage under a conversion policy.

The conversion coverage will be issued without any Pre-Existing limitations or waiting periods other than those remaining unfulfilled under the Policy which conversion is made, and will cover pregnancy and maternity benefits.


Application and the required premium for the conversion coverage must be made within 30 days of the date prior coverage was terminated. Premiums for the converted policy will be determined in accordance with Our table of premium rates applicable to the age, class of risk and the type / amount of coverage provided for each Covered Person, and are subject to change at the end of every annual policy anniversary.

Conversion coverage will not be issued or renewed for any person:

- (a) who is or could be covered by Medicare;
- (b) whose coverage ended because the required premium was not paid; and
- (c) who is eligible for similar benefits under another group disability plan.



President



Vice President

SERFF Tracking Number:	AFDL-126418411	State:	Arkansas
Filing Company:	American Public Life Insurance Company	State Tracking Number:	44324
Company Tracking Number:	GHR126 CONTINUATION		
TOI:	H14G Group Health - Hospital Indemnity	Sub-TOI:	H14G.000 Health - Hospital Indemnity
Product Name:	GHR126 AR Continuation		
Project Name/Number:	GHR126 AR Continuation/GHR126 AR Continuation		

Supporting Document Schedules

		Item Status:	Status
			Date:
Bypassed - Item:	Flesch Certification	Approved-Closed	12/15/2009
Bypass Reason:	not applicable		
Comments:			

		Item Status:	Status
			Date:
Bypassed - Item:	Application	Approved-Closed	12/15/2009
Bypass Reason:	not applicable		
Comments:			

		Item Status:	Status
			Date:
Satisfied - Item:	APL09 Authorization Letter	Approved-Closed	12/15/2009
Comments:			
Attachment:			
Authorization09.pdf			



American Public Life Insurance Company

A member of the American Fidelity Group.

February 3, 2009

NAIC Number: 60801
FEIN Number: 64-0349942

To Whom It May Concern:

American Fidelity Assurance Company, located at 2000 N. Classen Boulevard, Oklahoma City, Oklahoma, 73125, is hereby authorized to submit forms for approval to the Department of Insurance on behalf of American Public Life Insurance Company. Changes to the forms, as may be necessary to gain approval, are included in this authorization.

Sincerely,

Alex M. Bagby, ASA, MAAA
Vice President & Chief Risk Officer